

A Gendered Approach to Occupational Health and Safety in Europe



Table of contents

Introduction	3
Occupational Injury and Disease (OID) statistics	3
Gendered statistics on work accidents.....	4
Gendered statistics on occupational diseases.....	7
Studies on working conditions and gender differences in terms of exposure ..	12
Examples of tools developed to integrate gender into prevention approaches	19
Awareness-raising materials and communication campaign	19
Guides	20
Projects	22
PPE and technical adaptations	26
Regulatory developments	27
Conclusion	29

Introduction

Work does not expose men and women to the same occupational challenges and risks.

These differences are primarily related to the jobs performed: there are many professions or sectors with little gender diversity, which are either predominantly male (construction, transportation, industry) or predominantly female (nursing assistants, maintenance staff, home helpers, teachers). Men are therefore more exposed to physical strain, while women are more exposed to musculoskeletal disorders and psychosocial risks.

Working conditions can also lead to differences in terms of exposure. Women tend indeed to face higher levels of stress, greater job insecurity and their tasks tend to be more monotonous. They also often juggle professional and family responsibilities.

Despite these differences, the gendered division of labor is rarely considered in occupational risk-prevention measures. The issue of professional equality is certainly addressed from the perspective of equal pay and non-discrimination between individuals. Although the labor market has become increasingly service-based and feminized, workplace health policies and prevention practices continue to rely on a gender¹-neutral model that implicitly takes men as the norm.

While gender-based statistics on occupational injuries and diseases (OID) mainly highlight the differences in exposure between men and women (1), gray literature shows that these insurance statistics are not sufficient to fully assess the constraints experienced by each group (2). Conscious of the relevance of a gender-based approach to prevention and occupational health, safety stakeholders in several European countries are starting to encourage companies to adopt approaches and tools aligned with this perspective (3).

Occupational Injury and Disease (OID) statistics

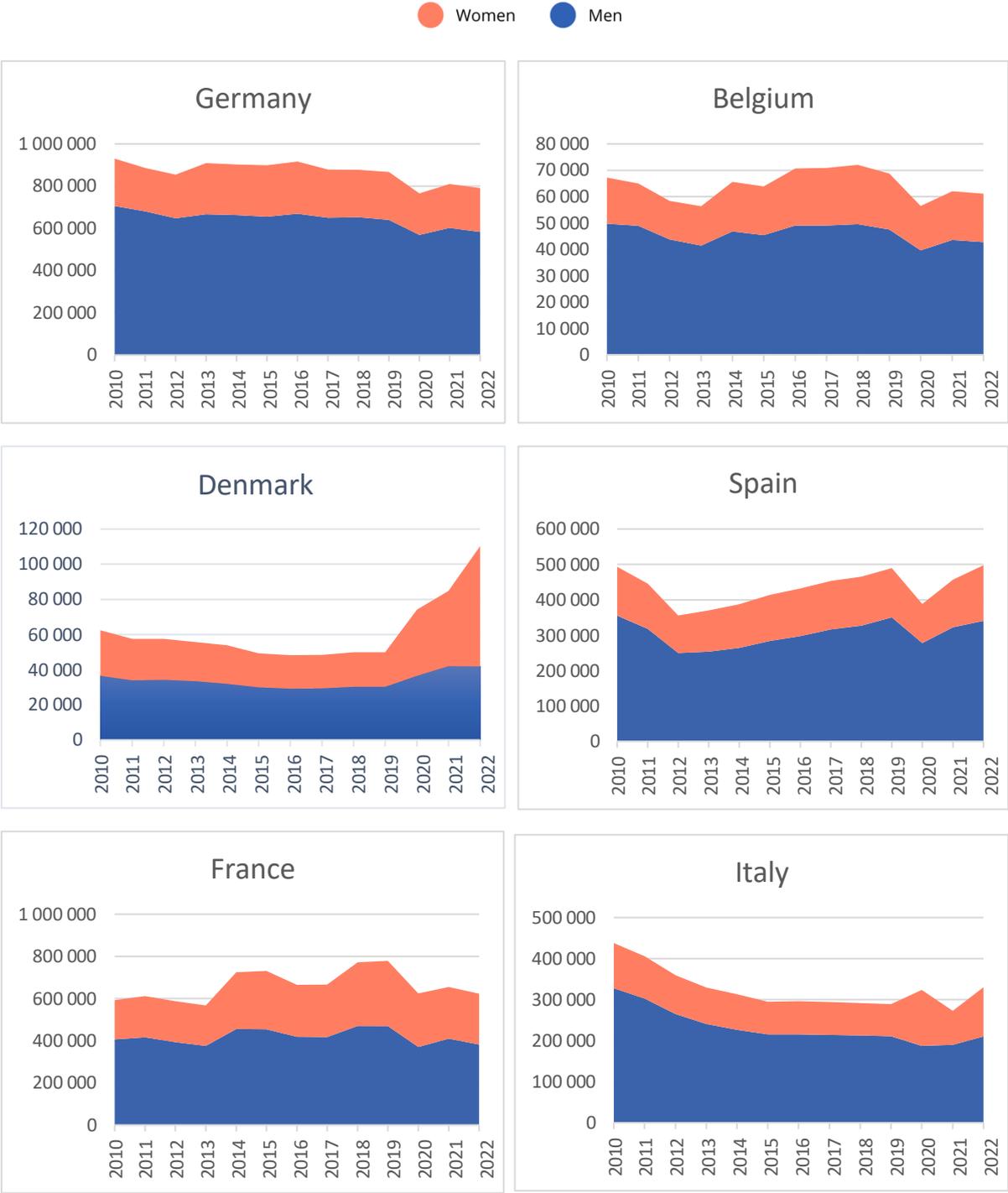
The following graphs show the number of work accidents in Germany, Belgium, Denmark, Spain, France, and Italy disaggregated by gender between 2010 and 2022, as well as their distribution by activity sector for the year 2022 (source: Eurostat).

Gender-specific statistics on occupational diseases are compiled from national publications. They are generally available for the 2020-2024 period and disaggregated by major categories of illnesses for the most recent year available.

¹ The terms “sex” and “gender” are used interchangeably throughout this document.

Gendered statistics on work accidents

Progress of non-fatal work accidents resulting in more than 3 days off work between 2010 and 2022 (source: Eurostat²)

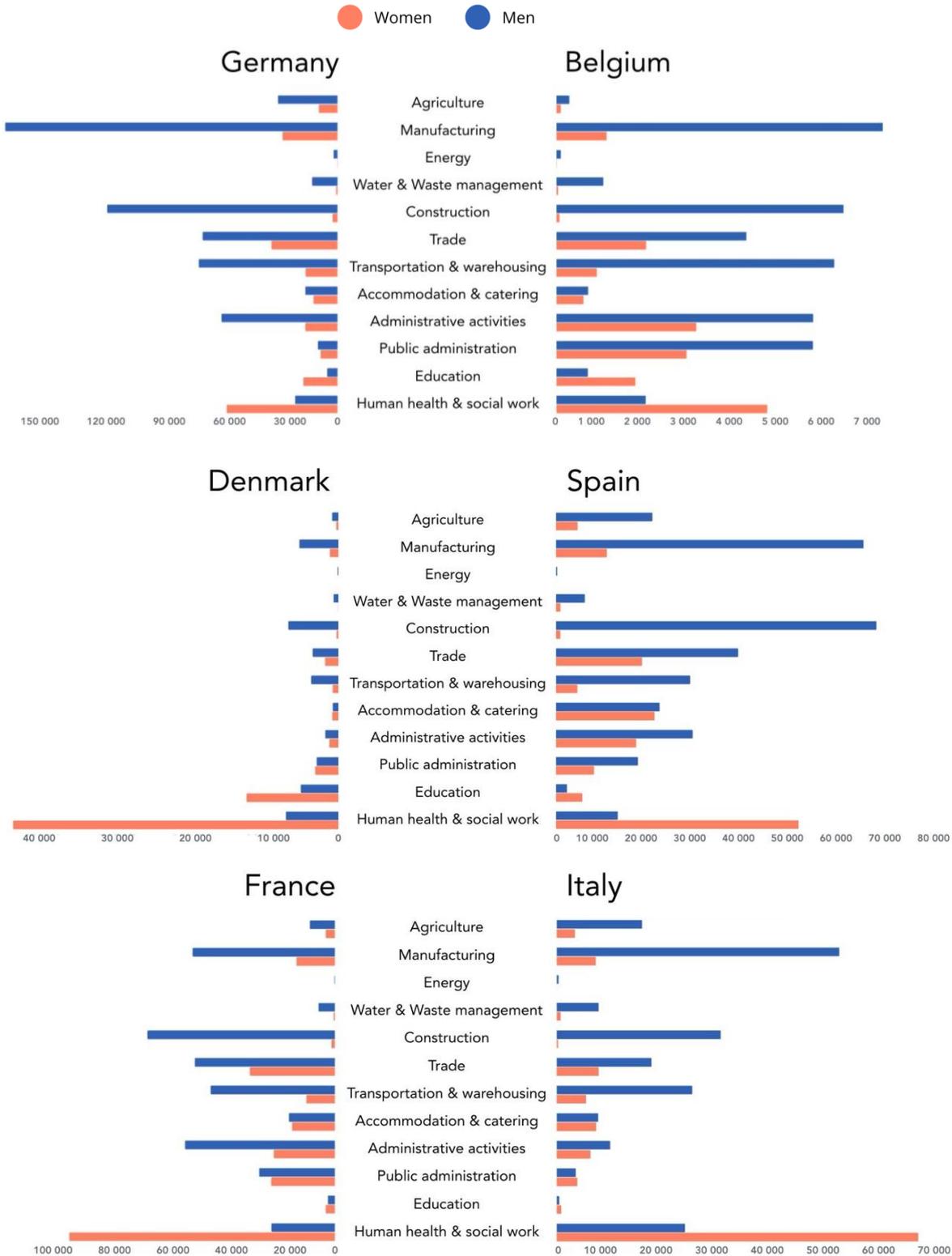


² [Non-fatal work accidents](#) - All sectors combined (all NACE activities); excluding work accidents where the gender is unknown.

Over the 2010-2022 period, men were consistently overrepresented in occupational injuries resulting in more than three days off work. On average, the share of injuries involving men represents at least 70% in four of the six countries covered (70% in Spain, 71% in Belgium and Italy, and 74% in Germany). This share is slightly lower in France (62%) and Denmark (54%).

In terms of progress, national differences between men and women are broadly consistent, except in Denmark between 2020 and 2022 and Italy in 2020. In both countries, this discrepancy is due to COVID-19 cases reported as occupational injuries in the medical-social sector.

Breakdown of work accidents in 2022 by economic sector³ and gender



³ The NACE sectors with the lowest number of occupational injuries in all countries were excluded: B (mining and quarrying), J (information and communication), K (financial and insurance activities), L (real estate), M (professional, scientific, and technical activities), R (arts, entertainment and recreation), S (other service activities), T (activities of households as employers), and U (extraterritorial activities).

The differences in accident rates between men and women can largely be explained by the industries in which they work.

In every country, the construction, manufacturing, transportation, and warehousing sectors account for the vast majority of accidents involving men. Considered more dangerous than other sectors and employing large numbers of workers, they therefore account for the majority of work accidents in each country. In 2022, work accidents involving men in these three sectors alone often accounted for one-third of all work accidents (42% in Germany, 33% in Belgium, Spain, and Italy, 26% in France, and only 14% in Denmark due to the high number of Covid-19-related work accidents that year).

The healthcare, social work and the education sectors are those in which work accidents mainly occur to women.

The distribution is generally more balanced in the accommodation, food service and public administration sectors.

Gendered statistics on occupational diseases

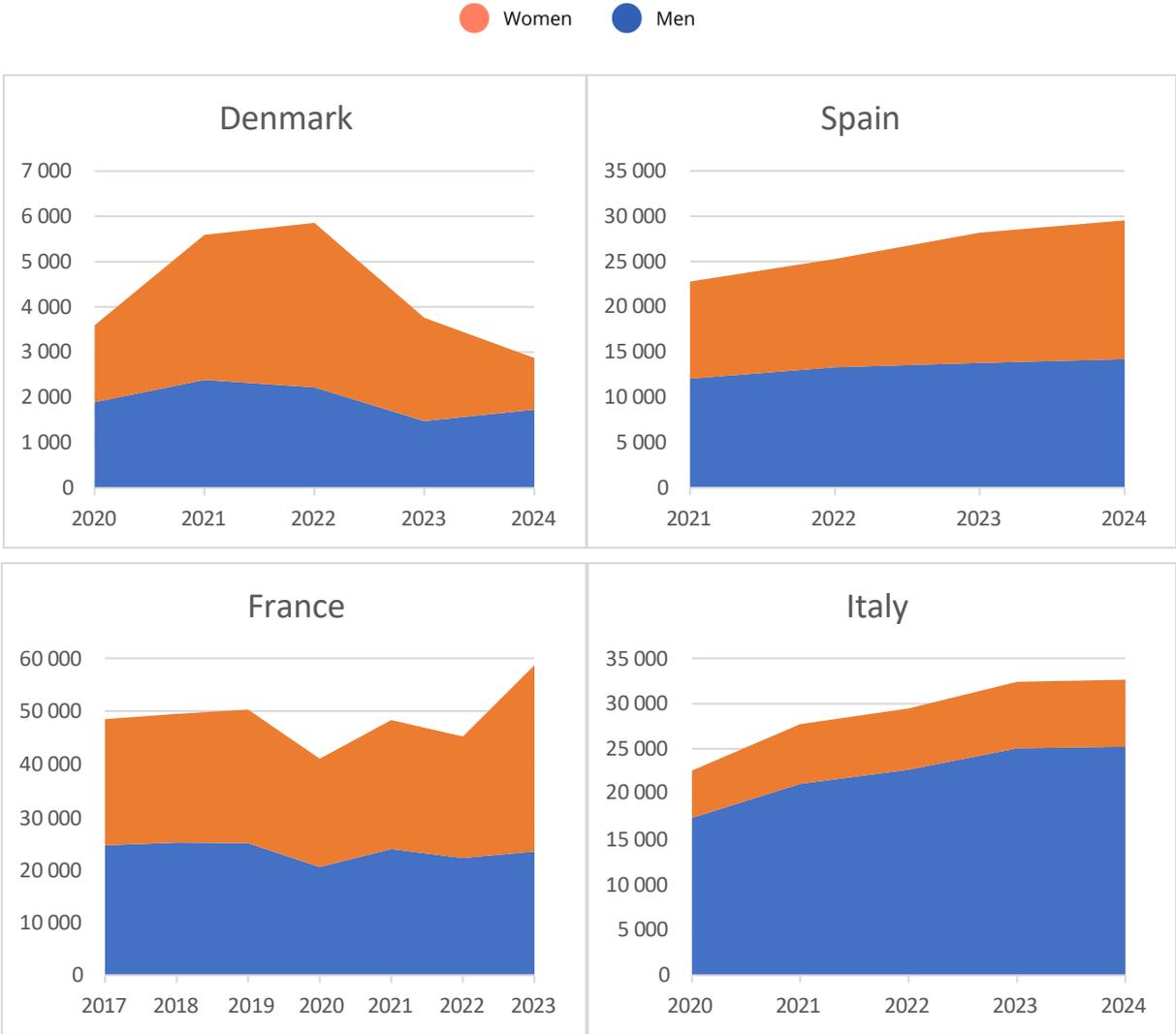
Eurostat data ([European Occupational Diseases Statistics-EODS](#) project currently in its experimental phase) do not provide information on the number of recognized cases by gender in each European country.

However, based on statistics from publications or insurance databases⁴, it is possible to present gender-specific figures for most of the countries in the sample for the 2020-2024 period, as well as the gender distribution of the occupational diseases most frequently recognized by the national social insurer.

⁴ Data for [Germany](#), [Belgium](#), [Denmark](#), [France](#), [Spain](#) and [Italy](#).

Trends in the number of occupational diseases broken down by gender

The statistics below relate to the number of occupational diseases over the 2020-2024 period among workers in the private and public sectors, with and without work interruption. For France, they cover occupational diseases among private sector employees that gave rise to the payment of benefits in cash between 2017 and 2021.



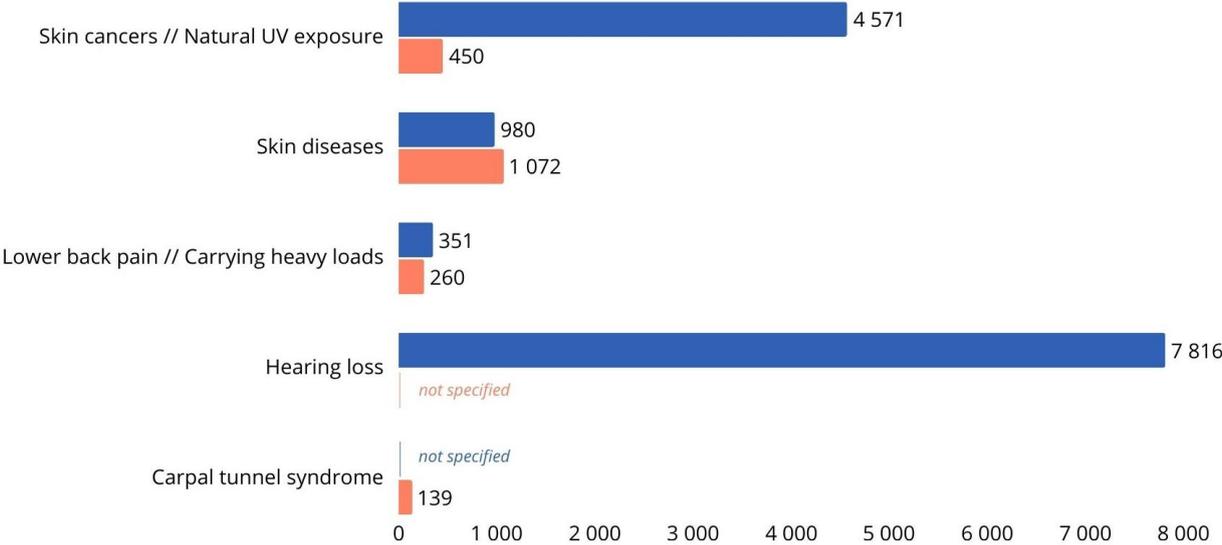
These graphs show that in three of the four countries surveyed, the number of recognized occupational diseases is generally balanced (excluding the COVID-19 period) between men and women. For 2024, the distribution is 60/40 in Denmark, 53/47 in Spain and 48/52 in France (for 2023). The very high number of Covid-19 cases reported and recognized in Denmark, particularly among female healthcare workers, explains the overrepresentation of women in 2021 and 2022.

Italy, on the other hand, stands out with a much higher proportion of occupational diseases among men than women (77/23), which remains unchanged throughout the 2020-2024 period.

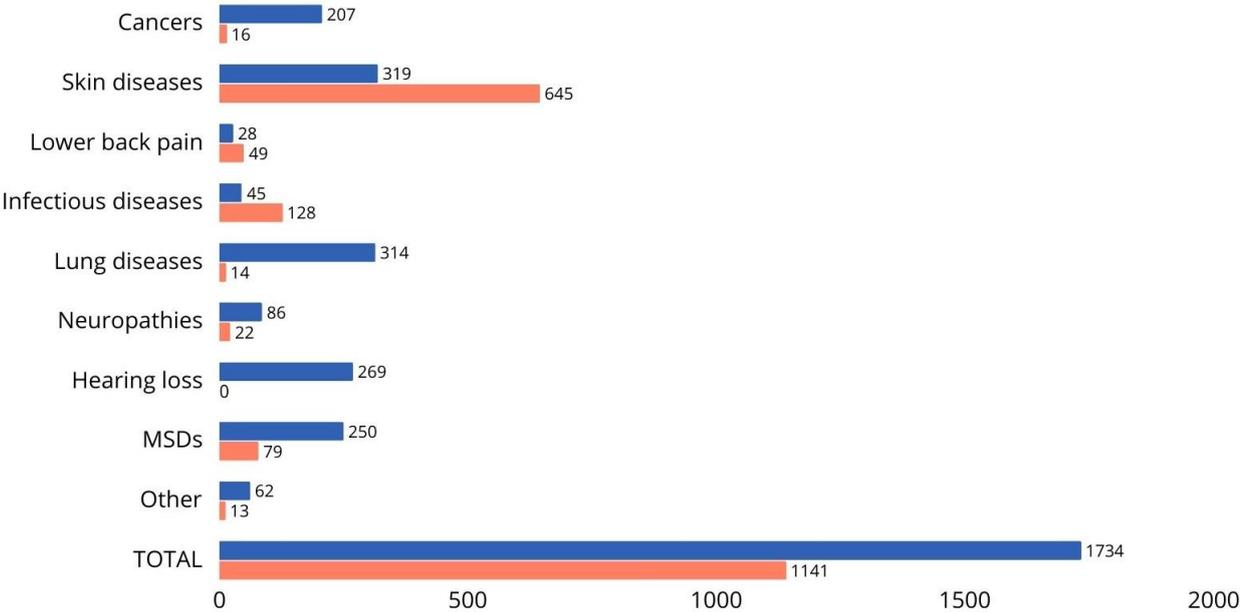
Recognized occupational diseases categorized by gender and type of condition (most recent data available)

● Women ● Men

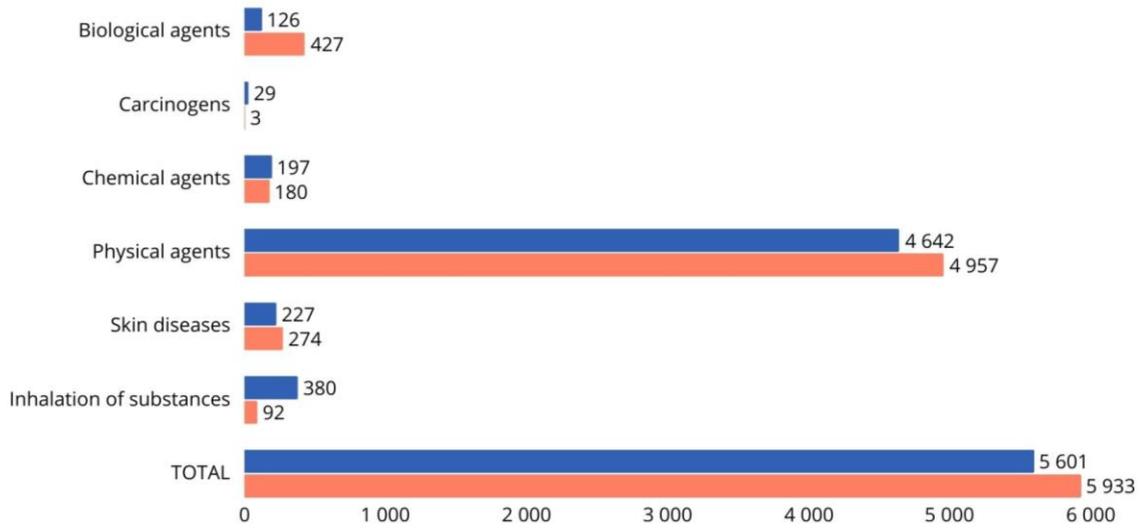
Germany (2023)



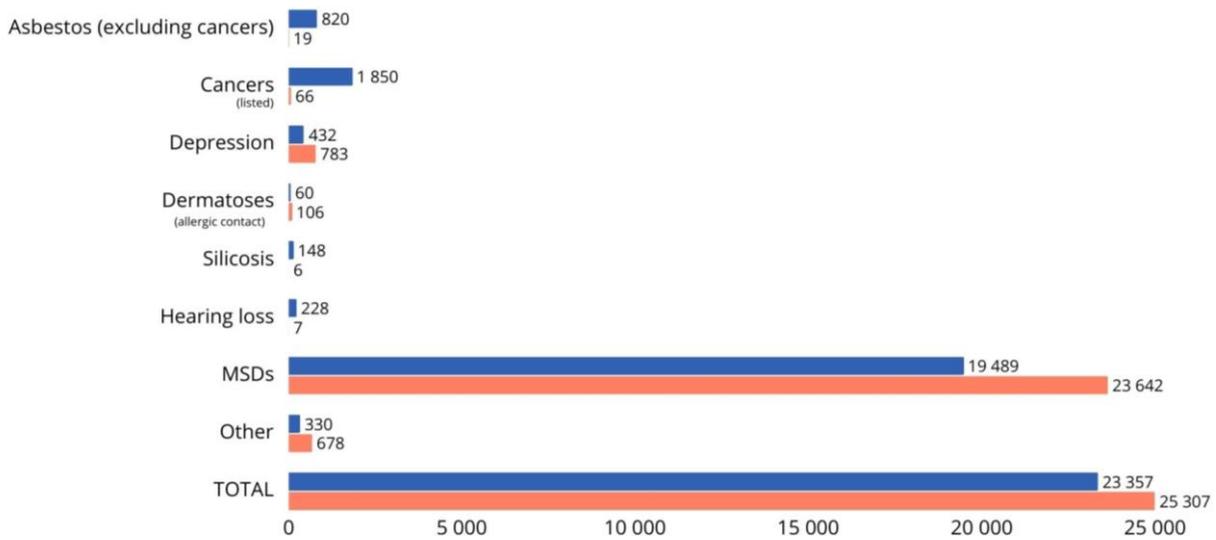
Denmark (2024)



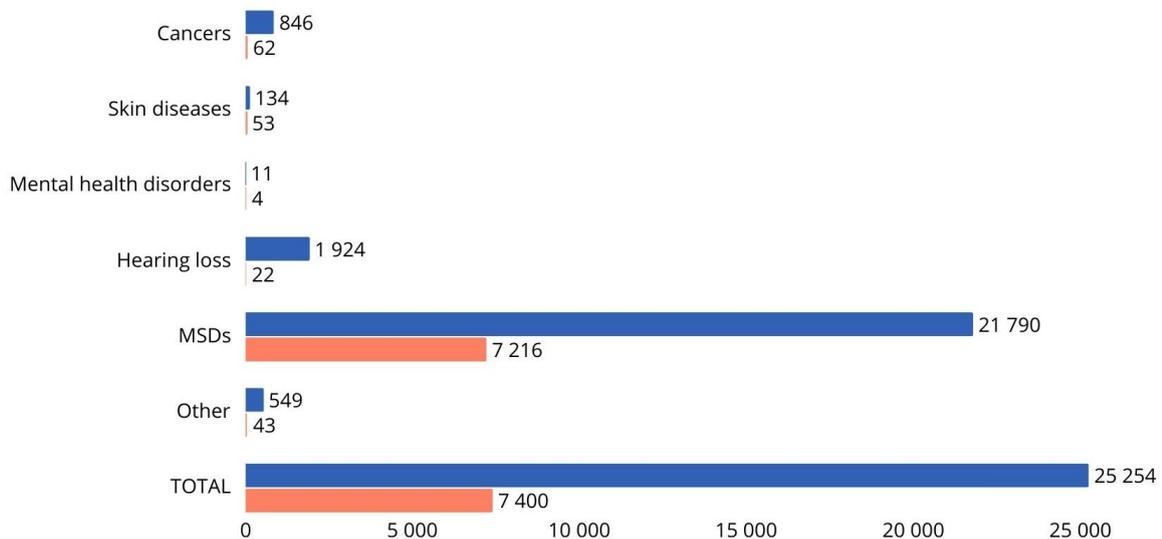
Spain (2024)



France (2023)



Italy (2024)



In countries where musculoskeletal disorders (MSDs) are predominant among recognized occupational diseases (Spain, France, Italy), the gender distribution of MSDs coincides with that of occupational diseases as a whole: almost equal between the genders in Spain and France and a ratio of 1 (women) to 3 (men) in Italy.

In Denmark, where occupational diseases are more evenly distributed across categories, men are overrepresented (60/40) in all categories of occupational diseases (cancers, lung diseases, hearing loss, and MSDs), apart from skin and infectious diseases (including COVID-19).

In Germany, the male-female distribution is not available for all occupational diseases. However, the distribution of the most recognized occupational diseases shows that skin cancers caused by natural UV rays and hearing loss mainly affect men.

*

The accident data published by OID insurers (or sent by the relevant authorities to Eurostat) do not let us assess the occupational risks that both men and women are exposed to. First, because the statistical indicators aren't good enough: without info on the workforce by gender and sector of activity, it is impossible to calculate prevalence rates by gender. There is also a lack of more detailed gender-disaggregated data, particularly on occupational diseases, such as recognition rates and reasons for refusal. Finally, these statistics do not consider cases where incidents and diseases are not reported, which occurs more frequently in precarious jobs where women are more widely represented than men.

These figures are also inadequate as, by their very nature, they reflect insurance systems that were built around industrial and male-dominated work. Even though these systems have evolved in line with the shift towards service-sector jobs, the risks most faced by women (musculoskeletal disorders, chronic strain, mental load, gender-based violence) have often remained invisible compared to those faced by men (exposure to asbestos, falls, heavy lifting, hearing loss, etc.). Women are more frequently employed in the health, social, service, temporary, and cleaning sectors. They also work in less advantageous conditions than men (atypical hours, precarious, part-time, or intermittent jobs, working from home) and are exposed to risks that are perceived as less dangerous. The strain associated with repetitive movements and work pace, as well as psychological distress, thus generate health problems that often fall outside the scope of OID insurance and therefore accident statistics.

In the absence of reliable and easily accessible accident data, many European studies nevertheless show how women and men, who do not perform the same jobs, are not exposed to the same work constraints and therefore to the same risks.

Studies on working conditions and gender differences in terms of exposure

There is a wide range of research aimed at documenting, characterizing, and quantifying the impact of “gender” in the field of occupational health. This includes one-off statistical studies as well as work adopting a more qualitative approach, whose conclusions are based on observations or surveys conducted in the workplace.

These studies truly reveal the invisibility of women's work-related health problems (not necessarily classified as occupational diseases).

They all tend to show that inequalities in occupational health are multifactorial and call on institutional prevention specialists and companies to take gender into account in occupational health prevention measures.

Although not exhaustive, the studies cited aim to reflect the broadest possible sample in terms of methods, risks and the European countries covered.

- **Gender bias may exist in the process of recognizing occupational diseases**

Based on data from reports and recognition by the Italian occupational injury insurance system (*Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro - INAIL*) and the Swiss system (*Schweizerische Unfallversicherungsanstalt- SUVA*), a statistical analysis published in 2016⁵ shows that the recognition and compensation systems for work-related musculoskeletal disorders (MSDs) in these two countries are marked by gender bias, leading to lower reporting and recognition rates for women compared to men.

In Switzerland, the absence of a presumption of occupational origin and the restrictive nature of the recognition criteria exacerbate the under-recognition of MSDs among women, despite their high prevalence within the female workforce.

In Italy, the extension of the list of occupational diseases in 2008 and the introduction of a requirement to assess risks by gender have led to increased recognition of MSDs (particularly carpal tunnel syndrome, which is common among women), but a significant gap in recognition and reporting remains (see above). Women are disadvantaged in terms of access to recognition and therefore to benefits, often due to a restrictive system of tables and an underestimation of exposure in female-dominated jobs.

⁵ [Biais de genre dans la reconnaissance des maladies professionnelles : l'exemple des troubles musculosquelettiques \(TMS\) en Italie et en Suisse](#), Isabelle Probst and Silvana Salerno, in *Interdisciplinary Perspectives on Work and Health*, 2016.

The Italian-Swiss study also highlights that most official statistics conceal the true extent of health problems, as compensation figures cannot be taken as accurate indicators of the risks incurred. It concludes that compensation systems and prevention policies need to be reviewed. A gender-based approach should indeed be incorporated to address the invisibility of occupational diseases affecting women and to improve the recognition and prevention of risks associated with monotonous and repetitive work. Revising the lists of occupational diseases and gaining a better understanding of decision-making processes within insurance organizations are identified as priority areas for reducing gender inequalities in occupational health.

- **Women develop significantly more work-related musculoskeletal disorders than men**

In the DGUV-Forum journal published in 2022 by the umbrella organization of German occupational accident insurers (*Deutsche Gesetzliche Unfallversicherung*), an article⁶ highlights that women in Germany have a higher rate of musculoskeletal disorders and work-related stress illnesses than men. It emphasizes that physical and psychosocial risks are accentuated in sectors with a high proportion of female workers, such as health, social services and cleaning. Statistics show an increased prevalence of absences due to MSDs among female workers, linked to carrying loads, repetitive movements, and static postures. Psychosocial impacts are also significant, particularly due to the double burden of professional and family responsibilities.

The document recommends the systematic collection of gender-specific data to gain a better understanding of the risks and target actions. It emphasizes the importance of adapting prevention programs to the specific needs of women, particularly in terms of ergonomics, physical protection, time management and access to information. The DGUV recommends the development of appropriate training programs, improved access to occupational healthcare, and the active involvement of employers in prevention. Finally, the report urges the promotion of women's participation in workstation design and discussions on improving working conditions to sustainably reduce risks to their health.

⁶ [Mehr Sicherheit am Arbeitsplatz für Frauen: Daten sammeln, Strategien entwickeln, DGUV Forum, 2022.](#)

- **The most at-risk female workers receive less information and medical supervision than their male counterparts**

In an analysis published in 2019⁷ on employees' use of occupational risk-prevention tools, the French Directorate for Research, Studies and Statistics (DARES) shows that women are less likely than men to receive information, training, and guidance on occupational risks, even when they are exposed to the same number of hazards.

This lower awareness is accompanied by less frequent medical monitoring for women, suggesting that the occupational risks they face tend to be underestimated or invisible.

Furthermore, among employees exposed to noise or chemicals, women are more likely to believe that they do not need personal protective equipment (PPE), even though their exposure levels are not significantly lower than those of men, except in the case of hazardous chemicals, where women's exposure time is slightly lower.

Graph 1
Information received by employees on occupational risks according to the number of risks incurred



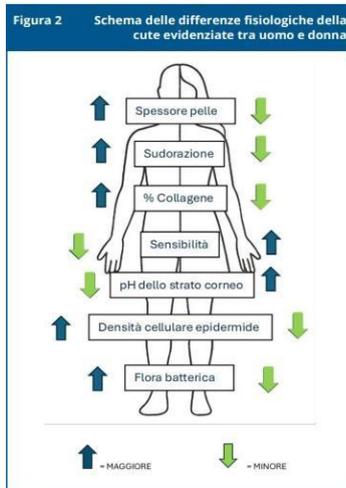
Reading: 40% of men not exposed to any risk report having received information on occupational risks in the past 12 months.

Scope: Employees

Source: 2023 Working Conditions Survey; Dares, Drees, DGAFP and Insee

⁷ [Les salariés utilisent-ils les moyens de prévention des risques professionnel ? DARES analyses, juin 2019.](#)

- Due to physiological differences, the same exposure does not have the same effects on women and men



In 2025, the Italian occupational risk insurer (INAIL) published a fact sheet⁸ on its website highlighting the role of gender in exposure to skin-irritating chemical agents.

Experimental studies have shown that male and female skin have different characteristics. They also highlight that women more frequently perform activities involving “wet work,” both in daily life and at work, which can lead to greater skin fragility and more frequent or severe effects than those observed in men.

- Even when women and men work in the same sector or profession, they often perform different tasks, which means they are exposed to different physical and mental stress factors.

Based on a 2009 intervention in a printing company that was concerned about the high occurrence of MSDs among its female workers despite investments in its machinery, the French National Agency for the Improvement of Working Conditions (ANACT) and its regional network- ARACT Basse-Normandie , identified four areas of analysis that explain why women and men are not affected in the same way by work organization and how these differences explain the disparities in health indicators (work accidents, occupational diseases, absences).

FACTORS CONTRIBUTING TO HEALTH INEQUALITIES IN THE WORKPLACE:

- **Gendered distribution of occupations:** Low gender diversity across sectors and job positions.
- **Different working conditions:** Unequal exposure to physical, chemical, and psychosocial risks, along with lower recognition of the strenuousness and complexity of the work performed by women.
- **Career paths:** Job insecurity and barriers to advancement that influence exposure to risks.
- **Working hours:** Domestic and family responsibilities affecting working conditions, schedules and recovery capacity.
- **Biological differences:** Differentiated impacts of occupational exposures.

⁸ [Il ruolo della differenza di sesso e di genere nell'esposizione ad agenti chimici sensibilizzanti cutanei, INAIL 2025 \(in Italian\).](#)

⁹ [Égalité entre les femmes et les hommes et santé au travail, Comment le genre transforme-t-il l'intervention sur les conditions de travail?](#), Florence Chappert and Laurence Théry, 2016.

- **Female workers are more exposed to psychosocial risks than their male counterparts**

The study “Men and Women in the Job Market, 2024”¹⁰ by the Danish Ministry of Employment shows that women, particularly young women, are significantly more exposed to discrimination and harassment in the workplace than men.

According to the 2023 national survey on the working environment, 7% of female employees reported experiencing sexual harassment in the past year, compared with only 2% of men. Among women aged 15 to 25, the proportion rises to one in six. Young women also report that most harassment comes from customers and service users rather than colleagues or managers. Women are predominantly employed in sectors with higher psychosocial risks, such as retail, education and healthcare, and they report significantly more experiences of discrimination and harassment than men.

This increased exposure translates into a threefold higher risk of work-related depression, as well as greater job insecurity and more fragmented career paths. Danish researchers emphasize that women are frequently confronted with high emotional demands and numerous situations of vulnerability and social exclusion at work. The study concludes that a gender-sensitive approach to occupational health is needed to address the specific challenges faced by women in the Danish workplace.

- **Women working in care are significantly more exposed to psychosocial risks**

In a study published in 2019¹¹, the Spanish National Institute for Occupational Health and Safety (INSST) analyzed the working conditions of women employed in the elderly care sector in Spain, with a particular focus on exposure to psychosocial risks in residential facilities and home care services. The methodology combines an in-depth literature review and a qualitative survey based on semi-structured interviews with workers in the sector and trade unions.

The main findings of the survey are excessive workloads due to insufficient staffing ratios, an aging workforce, the dual burden of work and domestic responsibilities, high exposure to stress, burnout, physical and verbal abuse from service users or their families. It seems that many female workers experience a lack of autonomy, as well as insufficient institutional and social recognition. They also feel the gap between the training they have received and the actual demands of the job. Isolation in home-care work increases difficulties, feelings of abandonment and a lack of collective support.

¹⁰ [Kvinder og mænd på arbejdsmarkedet, Beskøftelsesministeriet, 2024](#) (in Danish) (chapter 6, page 42 and following).

¹¹ [Las mujeres en actividades de cuidado de personas mayores Exposición a factores psicosociales en establecimientos residenciales y servicio de ayuda a domicilio, INSST, 2019](#) (in Spanish).

The consequences of these exposures include musculoskeletal disorders, mental health issues (anxiety, depression), high levels of absence and a strong intention to leave the profession, especially among younger workers. The report concludes that there is a need to invest in prevention, work organization and the social recognition of care work, in the context of a rapidly aging population.

- **In-depth review of knowledge on working conditions and occupational health from a gender perspective in Sweden**

The Swedish report "[*Arbetsmiljö och ohälsa i ett genusperspektiv*](#)" (Working Environment and Health Problems from a Gender Perspective), published in 2019, is the latest in a series of reports released since 1999 on the gender dimension of working conditions.

It analyzes, among other aspects, the distribution of tasks, exposure patterns, the prevalence of musculoskeletal disorders and mental health at work among women and men. It focuses on several key sectors such as retail, small businesses, and high-intensity manual occupations.

The report highlights that women in Sweden remain more exposed to specific risk factors, such as repetitive work and static postures, leading to a higher prevalence of neck and upper-limb pain compared to men. It also points to a work organization marked by gender segregation, in which women frequently hold positions involving less task variety and greater external control, particularly in the retail sector. Men benefit from greater task diversity, a stronger sense of autonomy and higher job satisfaction, while women report heavier physical and mental workloads.

Technical measures (accelerometers, videos and tools such as the Copenhagen Psychosocial Questionnaire) reveal differences in posture, pace, number of movements and weight of loads between jobs held by the two genders, confirming differentiated exposure to physical and organizational risks.

The report recommends developing specific risk assessment and health monitoring models specifically tailored to high-intensity manual work, which is often highly feminized. It proposes integrating medical checks into a systematic approach and strengthening training, ergonomic support and health management in small businesses.

- **The requirements defined by some standards are unrealistic for female workers**

Standardization in occupational health and safety can serve as a lever for action. For example, national and international standards on agricultural equipment provide clear guidance on the requirements machines must meet, particularly regarding operating forces: currently, the average and maximum forces are set at 250 and 400 Newtons respectively. However, during the standard revision process, the OSH experts on the standardization committee found that these requirements needed to be reconsidered because they were unrealistic.

The German Commission for Occupational Safety and Health and Standardization (KAN) commissioned the ASER Institute for Occupational Medicine, Safety Engineering, and Ergonomics to establish a solid scientific basis for this issue, enabling these values to be reexamined.

The results of this study, published in 2013¹², show that female subjects reach a lower maximum strength than male subjects (around 60%). The 400 N value also appears to be too high for some older male agricultural workers. Only a minority of individuals would be able to exert the forces specified in the standards.

¹² [Genres et agriculture : exigences en matière de force d'actionnement des machines \(agricoles\), KAN, 2013](#) (in French).

Examples of tools developed to integrate gender into prevention approaches

In line with the findings of the studies mentioned above, namely the invisibility of women's work-related health issues, almost all the tools identified encourage companies to integrate the specificities of women's circumstances into approaches to prevent or limit exposure to health risks.

As gender inequalities in occupational health are multifactorial, these tools call for action on several levels:

- raising awareness and training prevention stakeholders
- analyzing the specific work situations of men and women
- providing access to equipment adapted to women
- integrating gender into the risk assessment process
- addressing the specific risk of gender-based and sexual violence in the workplace

For this search for prevention tools, the scope of countries was broadened. The following selection emphasizes the diversity of initiatives, both in terms of the support materials used and the topics addressed.

Awareness-raising materials and communication campaign

- **An awareness-raising video based on two case studies (Sweden)**

["The organisation makes a difference – why the work environment looks different for women and men"](#) is a video produced by the Swedish Work Environment Authority in 2016 and available on YouTube. In 10 minutes, it presents in cartoon drawings the results of a mission commissioned in 2011 by the Swedish government to understand why women are more affected by occupational diseases than men. The analysis showed that the gender dimension in the work process could explain this gap.

Intended for healthcare professionals, employers, and public decision-makers, the video presents an approach that combines two methods: a field study in a fish processing plant (Abba Seafood) and a comparative analysis within municipal services with predominantly male (technical departments) and female (home-care services) workforces. It shows that women often perform strenuous tasks that are less visible but more repetitive and monotonous, which can lead to occupational health risks such as musculoskeletal disorders. These risks are underestimated and little or no preventive measures are taken, as observed in the Abba Seafood factory for female workers on conveyor belts. Conversely, male tasks, whose arduousness is more visible, are subject to more developed preventive measures, such as the use of forklift trucks.

The video highlights the influence of gender stereotypes in the organization of work and the distribution of resources. It adopts an explanatory and engaging tone, encouraging viewers to question implicit norms. The aim is to raise awareness regarding the importance of integrating gender into occupational risk management, as part of a broader approach to sustainable workplace health and risk prevention.

- **A communication campaign on mental health among workers (United Kingdom)**



While most of the tools identified focus on women's health, some specifically target men exposed to less visible risks. As part of its mission to raise awareness among companies about mental health issues affecting industrial workers, the charity Mates in Mind, created by the Health in Construction Leadership Group with the support of the British Safety Council, provides employers a support program aimed at addressing mental health problems in high-risk sectors. Initially focused on the construction industry, its work has since expanded to the transport and logistics sectors.

This initiative has resulted in [several initiatives](#), such as a communication campaign entitled “Men's Health Week,” whose QR code (shown opposite) highlights the possibility of [seeking help](#).

To date, more than 700 companies in the industry have received support through thousands of training days and numerous events, targeting a population of workers for whom it is particularly difficult to discuss topics such as stress, depression, or suicide.

Guides

- **“Immoral Proposals”: A Practical Guide to Combating Mobbing and Sexual Harassment at Work (Poland)**

[This 96-page guide](#) was published in 2007 by the *Feminoteka* Foundation, in collaboration with Amnesty International Poland and several trade unions, as part of the European Gender Index project, launched following the exposure of numerous cases of sexual harassment within the Polish public administration and public affairs sector.

It is intended primarily for female employees, but also for employers, trade union representatives, human resources, and legal professionals. The document aims to raise awareness of psychological and sexual violence in the workplace, particularly sexual harassment and mobbing.



The guide contains clear definitions, real-life testimonials, and an explanatory legal framework. It also offers practical tools, such as a self-assessment questionnaire to help victims identify signs of harassment and sample complaint letters to send to employers or labor inspectors. This guide thus empowers women to assert their rights and encourages institutions to implement effective prevention policies.

- **Brochure for employers: “How to improve the working environment for women and men” (Sweden)**

How to improve
the work environment
for both women and men



In 2017, *Arbetsmiljöverket* (the Swedish Work Environment Authority) developed [a guide for employers](#) to encourage them to implement a gender-based approach to prevention in their companies.

The guide begins by presenting the health inequalities between women and men in the workplace and provides an overview of the Swedish labor market and work organization from a gender perspective. It then offers employers practical advice, including recommendations for reducing physical strain, distributing tasks fairly and adapting workstations with gender considerations in mind.

It also describes the benefits for employees and the company of implementing a gender-based approach to occupational risk prevention: balance, diversity, harassment prevention, productivity, profitability, enhanced creativity, and a positive working environment. A questionnaire suggests questions that employers should ask themselves to initiate a process of improving working conditions based on gender. Finally, the guide refers to the website page dedicated to gender equality in the workplace, which offers tools, tests, and resources for reflection.

- **Inclusive Language Guide by the Spanish National Institute for Occupational Health and Safety (INSST)**

In 2021, the INSST published a [guide](#) to promote non-sexist and inclusive language, both internally as well as during the conferences and training courses organized by the institute, as part of its commitment to gender equality and in line with current legislation in Spain. The document points out that language is not sexist, but its use can be. Through eight recommendations, it provides concrete examples of how to feminize job titles, professions and similar terms. It also suggests using generic, abstract, or collective terms such as “*l’entreprise*” (the company) rather than “*l’entrepreneur*” (the entrepreneur) which is a masculine term used as the gender-neutral form. It also promotes the use of expressions that include both genders when the recipient is unknown and offers a set of alternatives to the most frequently used terms in the field of occupational risk prevention, such as “*la personne accidentée*” (the injured person) rather than “*l’accidenté*” (the injured man), which is the masculine form used as the default.

Projects

- **The INGEPRE (Integrate Gender in Occupational Risk Prevention) project: Occupational risk prevention with a gender perspective in the Principality of Asturias (Spain)**

This project is aimed primarily at companies in the Principality of Asturias, especially those operating in sectors with high rates of work accidents among women. It also targets institutional stakeholders, prevention services, trade unions and all organizations committed to promoting workplace equality.

The project seeks to integrate a gender perspective into occupational risk prevention. It was launched in March 2018 under a collaboration agreement signed on May 25, 2017, between the Principality of Asturias Administration¹³, the Asturian Institute for Occupational Risk Prevention and the mutual insurance company *Fraternidad-Muprespa*¹⁴.

This project was structured around several key stages: defining objectives, analyzing work accidents' data taking gender into account, identifying concrete solutions and creating appropriate tools. It focused on sectors where women are most exposed to accidents (construction, cleaning and catering services). It aims at better understanding the specific realities experienced by female workers -through questionnaires and telephone surveys- and adapting prevention strategies.

Three main documents were developed:

- a presentation of the project's objectives (in a methodology file)
- an in-depth study accompanied by solution proposals
- a central tool, the Decalogue

In addition, concrete actions were implemented: training workshops, information campaigns, digital tools (informative websites) and a citizen mailbox hosted by the Women's Institute, allowing female workers to report their needs and concerns.

The Decalogue, published in 2019, brings together ten practical recommendations for integrating gender perspective into occupational risk management. It is an operational guide for companies, with courses of action such as differentiated risk assessment, workplace adaptation and specific training for prevention managers.

¹³ Through the General Directorate of the Asturian Institute for Women and Youth Policies.

¹⁴ Responsible for occupational risk prevention and insurance, *Fraternidad-Muprespa* is one of 18 mutual insurance companies operating in Spain.

	COMPROMISO DE LA DIRECCIÓN de la empresa en la integración de la perspectiva de género en prevención, adoptando medidas contra conductas discriminatorias, con el objetivo de concienciar en la necesidad de desarrollar políticas en prevención e igualdad.	¿CÓMO? Desarrollando herramientas para conocer más sobre la integración de la igualdad de género en prevención, en particular, sobre los factores que influyen en seguridad y salud de las mujeres.		DISEÑO ERGONOMICO teniendo en cuenta las distintas dimensiones antropométricas y características físicas entre hombres y mujeres.	¿CÓMO? Diseñando los lugares de trabajo y las instalaciones, seleccionando las máquinas o equipos de trabajo y eligiendo las medidas de protección acordes a las necesidades específicas de las mujeres.
	ANÁLISIS Y EVALUACIÓN DE LOS RIESGOS derivados de las condiciones materiales y organizativas del trabajo, teniendo en cuenta las diferencias entre hombres y mujeres.	¿CÓMO? Realizando talleres de igualdad y prevención de riesgos laborales para grupos de interés con el fin de detectar necesidades de empresas, trabajadores/as, agentes sociales y técnicos/as de prevención.		FOMENTAR QUE EXISTA UNA REPRESENTACIÓN EQUILIBRADA que contribuya a la detección de desigualdades y a la toma de medidas correctoras.	¿CÓMO? Favoreciendo una representación equilibrada de mujeres y hombres en los puestos de dirección, mandos intermedios y entre las personas que asumen responsabilidades de prevención.
	DESAGREGAR POR SEXO el análisis de los incidentes, accidentes y enfermedades profesionales para poner de manifiesto las diferencias entre hombres y mujeres, tanto en los riesgos como los daños materializados.	¿CÓMO? El empresariado deberá solicitar a los agentes implicados (Servicios de prevención y Mutuas colaboradoras con la Seguridad Social) información y asesoramiento.		FOMENTAR LA PARTICIPACIÓN DE LAS MUJERES , para que su situación y posición se tengan en cuenta a la hora de analizar sus condiciones de trabajo.	¿CÓMO? A través de agentes sociales y personal delegado de prevención, realizando campañas divulgativas que fomenten su implicación.
	FORMACIÓN A LOS RESPONSABLES DE PREVENCIÓN con el fin de incorporar la perspectiva de género en la gestión de la prevención de la empresa.	¿QUIÉN? Entre otros organismos: • Observatorio Europeo de Condiciones de Trabajo. • Instituto Nacional de Seguridad y Salud en el Trabajo. • Instituto Asturiano de Prevención de Riesgos Laborales. • Instituto Asturiano de la Mujer.		ERRADICAR LA VIOLENCIA DE GÉNERO EN EL ÁMBITO LABORAL garantizando la igualdad de trato entre hombres y mujeres.	¿CÓMO? Dando ejemplo con el comportamiento de la dirección, demostrando tolerancia cero con comportamientos discriminatorios, promoviendo y facilitando la queja o denuncia.
	INCLUIR LA TRANSVERSALIDAD DE GÉNERO en la metodología de trabajo de la empresa.	¿CÓMO? Utilizando herramientas de identificación e intervención de riesgos, integrando la perspectiva de género y divulgando e informando a todos los agentes intervinientes en la empresa.		IMPLANTAR PLANES DE IGUALDAD en todas las empresas independientemente de su tamaño, con el fin de lograr la integración de género en prevención.	¿CÓMO? Mediante herramientas y el asesoramiento que proporciona el Instituto Asturiano de la Mujer para la implantación de planes de igualdad en las empresas.

- **The Health Passport: a project for the prevention of gynecological cancers through occupational medicine (Poland)**

The “*Paszport zdrowej kobiety*” (Healthy Women’s Passport) project is an initiative to prevent female cancers in the workplace. It embodies the ability of occupational medicine to play an active role in promoting public health by targeting at-risk populations and fostering collaboration between different stakeholders in the world of work and health.



Launched in 2017, on the initiative of the Polish Society of Occupational Medicine (PTMP), in collaboration with the Institute of Occupational Medicine in Łódź, it was implemented as part of the public program “*Innowacje Społeczne*” (Social Innovation), funded by the National Center for Research and Development (NCBR). The total budget for this project is PLN 798,419.43 (€188,000), of which PLN 725,000 was contributed by the NCBR.

The aim of this initiative is to develop an integrated model for cancer prevention among working women, based on compulsory occupational health consultations. It is aimed in particular at women exposed to increased risks of cancer, especially those working night shifts, such as nurses, police officers, and shop assistants who are more affected by breast cancer.

These at-risk profiles are clearly identified in a scientific report written as part of the project, which highlights the influence of factors such as age, family history, exposure to radiation, diet, and non-standard working hours.

[This scientific report](#) presents an epidemiological analysis of female cancers and offers reflections on how these issues can be integrated into occupational medicine practices.

The project is based on the creation of an [individual health passport](#), designed to facilitate the planning and monitoring of screening tests. This passport contains a personalized schedule of recommended medical examinations (such as cytology, mammography, ultrasound and others), particularly for breast, cervical and ovarian cancers. It is intended to be integrated into the existing medical follow-up provided within companies, making it possible to reach asymptomatic women who often do not participate in traditional screening campaigns.

In addition to this tool, educational materials and information documents have been produced for the various stakeholders involved. Employers were provided with guides to help them implement preventive measures within their companies. Occupational physicians and primary care doctors (POZ) have access to [training materials](#) that enable them to integrate this model into their daily practice. Finally, brochures and posters were designed specifically for female employees¹⁵, offering clear information on preventive measures and recommended examinations.

A pilot study was carried out as part of the project to test its feasibility and relevance. This experimental phase confirmed the effectiveness of the model, particularly in reaching groups that are usually less engaged in screening initiatives. It also highlighted the importance of an interdisciplinary approach involving employers, physicians and public health institutions.

A [final project report](#) details the organizational model, the lessons learned from the pilot study, feedback from healthcare professionals, and proposals for implementing the initiative at the national level.

¹⁵ Prevention [brochure, guide](#) and [questionnaire](#) for employees.

- **A Prevention and Training Kit Against Sexual Harassment (Switzerland)**

[The sexual harassment prevention kit for the workplace](#) is an initiative launched in 2020 by the Swiss Conference of Equality Delegates (CSDE), in partnership with several cantons. It was developed in a context of growing awareness of gender-based and sexual violence in the workplace, in response to the need for employers to comply with their legal obligations regarding the protection of employees' health and personal integrity.

This free and modular kit aims to support businesses and government agencies in implementing a zero-tolerance policy toward sexual harassment. It helps stakeholders take ownership of this issue and encourages comprehensive internal reflection intended for establishing a system tailored to the specific realities and constraints of each organization. The kit takes a gender-based approach, highlighting the inequalities experienced particularly by women and minorities, as evidenced by the numerous female representations featured in the tools provided.

The kit contains a variety of tools in multiple formats: a user guide, three tips and prevention sheets (for management, human resources, and employees), a model policy statement, two awareness-raising videos (including one specifically for management), customizable posters, and an interactive e-learning module.

The latter, entitled “Me? Bullying? If we can’t even joke around anymore...”, is a 30-minute online training course that raises awareness while teaching prevention measures and appropriate responses to sexual harassment in the workplace, using real-life scenarios and concrete examples.

Vue d'ensemble

MATÉRIEL	PUBLIC CIBLÉ	OBJECTIFS	COMBINAISON
FICHE 1	Direction	<ul style="list-style-type: none"> - connaître les bases légales relatives aux obligations de l'employeur-euse; - connaître les mesures pour prévenir et faire cesser le harcèlement sexuel; - préparer une déclaration de principe. 	Film 1 Film 2 Fiche 3
FICHE 2	Personnel d'encadrement et responsables des ressources humaines	<ul style="list-style-type: none"> - connaître le rôle du personnel d'encadrement et des responsables RH en matière de harcèlement sexuel; - savoir identifier le harcèlement sexuel; - savoir comment réagir face à une situation de harcèlement sexuel; - savoir où chercher du soutien et des conseils externes. 	Film 1 Film 2 Fiche 3
FICHE 3	Membres du personnel	<ul style="list-style-type: none"> - connaître la déclaration de principe de la direction; - connaître la définition et les dispositions légales relatives au harcèlement sexuel et savoir l'identifier; - connaître les possibilités d'actions en tant que témoin ou cible de harcèlement sexuel; - savoir où chercher du soutien et des conseils externes. 	Film 1
FILM 1	<ul style="list-style-type: none"> - Direction - Personnel d'encadrement et responsable des ressources humaines - Membres du personnel 	<ul style="list-style-type: none"> - reconnaître les manifestations de harcèlement sexuel sur le lieu de travail; - connaître les dispositions légales. 	Fiche 3
FILM 2	<ul style="list-style-type: none"> - Direction - Personnel d'encadrement et responsable des ressources humaines 	<ul style="list-style-type: none"> - connaître les obligations de l'employeur-euse; - savoir comment prévenir le harcèlement sexuel au travail et les mesures à mettre en place; - connaître les procédures pour faire cesser le harcèlement sexuel. 	Fiche 1 Fiche 2 Fiche 3
E-LEARNING	<ul style="list-style-type: none"> - Direction - Personnel d'encadrement et responsable des ressources humaines - Membres du personnel 	<ul style="list-style-type: none"> - rappeler les principales informations en matière de harcèlement sexuel; - expérimenter des situations et réfléchir aux moyens d'actions et aux conséquences. 	Film 1 Film 2 Fiche 2 Fiche 3

This material is intended for all professional organizations, regardless of their sector or size. It is part of an active prevention approach, promoting a respectful and safe working environment, particularly for women. The tools are organized according to the audience concerned, allowing for targeted and gradual dissemination.

PPE and technical adaptations

- **Towards standardization of PPE that considers the gender of the user (European Union)**

In terms of personal protective equipment (PPE), European standardization bodies have recently addressed the issue of the user's gender. A working group within the European Committee for Standardization (CEN CLC JTC 23), created at the end of 2024, is responsible in particular for work on the inclusivity and ergonomics of PPE.

The first scoping meetings took place in early 2025. At the end of this process, which is expected to take several years, the following outcomes are expected regarding inclusivity:

- guidelines for other standardization groups, so that they can incorporate these requirements into their "product" standards
- and/or the production of horizontal standards, i.e., standards that apply in addition to other "product" standards to provide guidelines for including gender adaptation requirements in PPE design

This approach is consistent with the principle established in European PPE legislation, which states that such equipment must be "personalized," meaning it must meet the specific characteristics of each user.

Some manufacturers already offer this type of product in their catalogs, but the approach is not yet widespread. Beyond providing PPE in smaller sizes, women's body morphology also requires specific adaptations, particularly below the bust (e.g., harnesses) and around the hips.

- **A campaign for PPE tailored to women (United Kingdom)**



Since 2009, the Women's Engineering Society (the UK's largest organization of female engineers) has been campaigning for [inclusive personal protective equipment \(PPE\) for women](#) in the engineering and construction sectors. It strives to address the challenges women face due to poorly fitting PPE by conducting research (including a survey on safety clothing), engaging with manufacturers and lobbying for meaningful change.

Following this survey, WES partnered with a PPE manufacturer to launch the Purple Boot Campaign, which aims to design and develop a new line of safety footwear for female engineers that is better suited to the female foot (which is shorter and narrower).

Regulatory developments

- **Assessing occupational risks according to gender**

The European Commission recommends integrating gender issues into occupational risk assessment, as it considers that an approach that ignores differences between men and women in risk prevention may result in women being underestimated or even overlooked in the workplace.

The European Agency for Safety and Health at Work has therefore produced [a fact sheet entitled “Integrating gender issues into risk assessment”](#). The latter lists examples of hazards and risks in predominantly female sectors, as well as a five-step model designed to make risk assessment better suited to characteristics specific to each sex.

Although the EU only recommends it, some countries have made a gender-based approach to risk assessment mandatory.

This is the case in Italy, where Article 28 of Legislative Decree 81/2008 explicitly states that “Risk assessment (...) must cover all risks to the safety and health of workers in the performance of their duties, including those related to differences in gender, age, territorial origin and the nature of the employment contract (...)”.

Since gender differences are too often confused in risk assessment documents with the protection of working mothers (implemented through measures in favor of pregnant women and maternity support), the Italian National Institute for Insurance against Accidents at Work (INAIL) published [a document](#) in July 2024 aimed at exploring the subject from a regulatory, statistical and technical perspective, providing employers with operational tools containing up-to-date approaches to the subject.

The document consists of:

- a general section that frames and contextualizes the issue of risk assessment from a gender perspective
- a second practical section containing 13 risk sheets designed to integrate gender considerations into risk assessment
- a statistical annex with updated data on accident trends

From a practical standpoint, the fact sheets provide a brief description of the risk, whether it is gender-neutral or gender-specific. It also includes the associated harm, prevention and protection measures which, although differentiated, must always ensure equal access to employment and the protection of health and safety.

- **Provide gender-specific indicators in occupational health and safety**

In France, [the 2014 law on “real equality between women and men”](#) requires companies with more than 50 employees to provide occupational health and safety indicators broken down by gender.

In concrete terms, in addition to figures broken down by occupational category on the respective situations of women and men in terms of hiring, training, professional promotion, qualifications, classification, actual remuneration, and work-life balance, two health-related indicators must be included in the “working conditions”¹⁶ section: the company's figures for work accidents and occupational diseases.

¹⁶ [Anact - outil Diag Égapro-Index pour réaliser son diagnostic égalité professionnelle.](#)

Conclusion

Gender remains a key determinant of exposure to occupational risks and health at work, given that men and women do not face the same working conditions or constraints.

According to available studies, women, particularly in non-industrial sectors, are more likely than men to experience unfavorable and often invisible working conditions: repetitive tasks, low autonomy, high mental, and physical workload. These exposures lead to a deterioration of their musculoskeletal health and greater psychological vulnerability.

These physical and mental constraints cannot be measured solely through statistics on work accidents and occupational diseases, as they do not always result in occupational injuries. However, they are likely to have an impact in terms of absenteeism and job insecurity for the women affected.

These are the key issues at stake when integrating a gender perspective into occupational risk prevention, and more broadly, into efforts to improve working conditions.

European prevention stakeholders have therefore begun developing tools that encourage a differentiated understanding of working conditions for men and women.

This is particularly important given that taking gender into account can be an opportunity to improve work organization and prevention measures for everyone. When a company looks at issues such as disease, burnout and absenteeism among its female and male workers, it is the actual working conditions of each person that are examined, including those of older workers and other categories of vulnerable workers.



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